1999

WISCONSIN ESTIMATED TAX VOUCHER

FORM 1-ES

Your last name

Spouse's last name

City or post office

Home address (number and street or rural route)

File only if submitting payment. Make your check payable to and mail your voucher to: Wisconsin Department of Revenue Post Office Box 2942 Milwaukee, WI 53201-2942

Your first name and initial

Spouse's first name and initial

Calendar year du	ue dates:	Fiscal year filers:
Apr 15, 1999 Jun 15, 1999	Sep 15, 1999 Jan 18, 2000	Enter year ending (month and year)

was not provided on a phot payment voucher				
Your social	security number	Che	eck the boxes below which apply to you Trust (Enter FEIN as "your social security number")	
Spouse's s	ocial security number		Estate (Enter decedent's social security number) Individual (or Joint)	
Telephone	number		Extension or Electronic Return Payment	
State	Zip code	1		

AMOUNT OF PAYMENT \$_

Please do not staple your payment to this voucher

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